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ORIGINAL DEPARTMENT. LECTURES.

Lectures on the Crystalline Lens and its Diseases.

Delivered at the Howard Hospital,

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The crystalline lens lies immediately behind the iris, partially imbedded in the anterior surface of the vitreous humor, and is held *in situ* by the elastic suspensory ligament from the hyaloid membrane. In man it is a double convex lens. According to Petit, the diameter of the lens is about four or four and a half lines, and its axis two lines in length; according to recent careful measurements, however, by Mr. Thomas Nunneley, of Leeds, England, the diameter is .31 to .36 of an inch, and its axis measures from .18 to .22 of an inch. The axis of the lens is a line, drawn from the centre of its anterior surface to that of its posterior. The diameter is a line drawn across from one point of the margin to the opposite, so as to divide the junction of the two surfaces. The posterior surface of the lens, according to the same authority, is nearly, but not absolutely, a hemisphere; while the anterior is a segment of a much larger sphere! it being on this surface that the variations, at different ages in the individual, and in different creatures, take place much more than in the posterior surface of the lens, a point of no little importance to the ophthalmic surgeon.

The specific gravity of the human lens in man, is	-	-	-	-	1.1304
The specific gravity of the human lens in woman, is,	-	-	-	-	1.0967
According to Chevenix the sp. gr. of the human lens, -	-	-	-	-	1.0790

The recent lens is as clear as crystal, and is closely enveloped in a transparent, elastic capsule. The density of the lens, increases from its margin to its centre, though apparently homogeneous, its structure is like the cornea, when minutely examined, found to be most beautiful and elaborate. The body of the lens is capable of being separated into layers or lamellæ, like the coats of an onion. These layers are, however, limited by certain determinate lines, which radiate from the centre, and pass from one surface or pole to the other. The primary number of these lines seems to be three. They occur on both sides of the lens; those, however, on the posterior surface, instead of being opposite to those on the anterior, lie between them. The laminae of the body of the lens are beautifully constructed of flat-toothed fibres, laid side to side. This arrangement is remarkably evident in the lens of the cod fish, in which it was first discovered. If the lens is placed in boiling water, its outer portion at once becomes opaque, but the centre becomes like transparent horn.

In order to examine the lens microscopically, it should be rendered opaque by boiling water, and hardened by alcohol and chromic acid; diluted with water. In the opaque lens the fibres have undergone degeneration; they are broken up, and are granular. No vessels or nerves can be traced in the lens or its capsule, but during fetal life, and up to the period of birth, both contain vessels.

The capsule is not affected like the lens by heat, alcohol, or chromic acid; but the slightest puncture renders it opaque. It is so elastic, that when cut, it curls up; in physical character it resembles the elastic layer of the cornea. It has a single layer of epithelial cells upon its inner surface. It is never absorbed like the crystalline lens, even if cut up by the surgeon's knife; it simply curls up, and is removed often with much difficulty from the axis of vision.

THE DISEASES OF THE LENS AND ITS CAPSULE.

In childhood and youth the lens is almost free from color; but in old age it becomes of an amber hue.

The lens is occasionally broken by violence and, thereafter, becomes absorbed; or, if punctured by a sharp instrument, as a needle, the instrument, in making the wound and causes opacity of the lens, and admits the aqueous humor, which in time dissolves it and causes it to disappear. In cases in which this condition of things is suspected, by dilating the pupil with atropia and employing the "catoptric test," we can assure ourselves whether the lens is in place or not.

When the lens is dislocated and presses against the iris, it is apt to be followed by general inflammation of the eyeball. The case should be treated with the free application of ext. belladonna and depletion; if these means fail, the lens should be removed by a small incision in the cornea.

Wounds of the crystalline lens are carefully treated by W. Cooper.* We shall quote two cases related under this head:

"F. M., aged eight, was brought to St. Mary's July 19th, 1858. On the previous day he was looking into the muzzle of a toy gun, which he had charged with a piece of wood having a needle stuck in it, when the gun accidentally went off, and the needle entered the right cornea, near its centre, where it remained until pulled out. When I saw the eye there was a general sclerotic blush, and the iris, naturally gray, had a greenish tinge; a hazy point on the cornea indicated the seat of the wound, and corresponding therewith was a hazy point in the capsule of the crystalline lens, close to the margin of the contracted pupil. Simple treatment was adopted, and on July 26th the eye was quite free from inflammation, the iris of a natural color, but adherent to an opaque spot in the capsule; the lens was perfectly clear, and I thought the case would be one of those exceptional instances in which the lens escapes opacity, but I was mistaken. After the lapse of a month, the sight became impaired, and an unmistakable gray film occupied the pupil. This I watched, and saw it gradually increase in opacity, but very slowly, so that three months elapsed before traumatic cataract was fully developed; the opaque spot in the capsule remained unaltered; the pupil was disengaged by atropine."

"T. W., aged eight years and a half, was brought to St. Mary's July 31, 1858. A fort-

night previously he was looking through a key-hole, when a boy on the other side thrust a pin through and wounded his right eye. There was much pain; and the eye was poulticed with a mess, in which bruised snails formed an ingredient. The cornea now presented a wound near its centre, still open, and surrounded by a considerable haze; the iris, naturally hazel, was dark, reddish brown, and in contact with the cornea; the capsule of the lens was opaque, and the pupil, reduced in size and of a narrow crescentic form, was adherent to it. There was much venous congestion of the conjunctiva and sclerótica, and a purple zone surrounded the cornea.

"The child was feeble, and not in a condition to bear powerful treatment. Two leeches were applied, and gray powder, with sesquioxide of iron, administered twice daily: the eye to be frequently fomented with a belladonna lotion, and the brow to be rubbed with extract of belladonna and opium. At the expiration of a week great amendment was visible. The vascularity had diminished, and the iris had, to a considerable extent, recovered its natural hue. The mercurial was, after a time, suspended, and quinine with iron substituted. The eye gradually lost its inflammatory condition, but the pupil remained closed."

All inflammatory action taking place in the lens produces opacity. By the term *cataract* we now understand opacity of the lens or its capsule, or both; cataracts are divided into "lenticular and capsular, or capsulo-lenticular. Thus, in one eye we may have simply commencing opacity in the centre of the lens, while in the other eye we may have the full, ripe cataract, involving both capsule and lens. Still there are good authorities who deny that the capsule becomes opaque, as Stellwag,* of the General Hospital of Vienna, who, after a careful examination of about fifty cataracts with apparently opaque capsules, states that in every instance the opacity was produced by matter attached to the lenticular surface of the capsules, not being deposited in the very tissue of the capsules themselves. Yet we see, frequently, eyes, in the congenital cataract of children, in which there is nothing but a white, chalk-like capsule remaining, the whole of the lens being absorbed, or after the division of the lens by the needle, when the capsule has been cut up into shreds, it has lost all transparency. This may be the result of the

* White Cooper on Wounds and Injuries of the Eye, pp. 118, 119.

* Die Ophthalmologie, etc., 1853-8.

operation, but in the congenital cases there was no lens left.

I like the term "Nuclear" and "Cortical," as suggested by Mr. Dixon,* as very convenient to distinguish two grand divisions of cataract.

"The nuclear form is that met with in old persons either alone or (much more frequently) in combination with cortical opacity.

Under the head of *cortical cataract* would be arranged:—

1. That congenital kind characterized by a single white dot, (*cataracta centralis*,) or cone, (*cataracta pyramidata*,) corresponding to the middle of the pupillary space.

2. That rarer form, occurring both in childhood and at adult age, which exhibits itself in irregular opaque patches on the anterior or posterior surface of the lens, and immediately within the cavity of the capsule. These have hitherto been described as opacities of the anterior or posterior capsule itself.

3. That which is the most common cataract of middle age, and even of old age, commencing as opaque striæ at the edge of the lens, and thence converging along its anterior and posterior faces.

The softening process, which sooner or later involves all cataracts, (or opacities of the lens,) is invariably cortical in its origin, the nucleus being always the last portion to undergo solution." The two important marks for the (student) to keep in mind, as indicating the composition of a cataract, are:—(1) striated, radiating opacity; and (2) irregular patchy, or mottled opacity. The former always shows that the fibres of the lens still retain, to a certain extent, their natural arrangement, however they may be here and there broken down, or otherwise changed, and mixed with granular, earthy, or fatty matter. The latter appearance is a proof that the superficial fibres have been softened down into a pulp, and mixed up with the substances I have just enumerated.

In congenital cataract, we have the same forms as in the adult, only on a more minute scale, and the most frequent form is that according to Mr. Dixon, in which the whole area of the pupil, in its natural state, is occupied by a grayish-white, faintly-striated opacity. The rarest form is that in which a limited deposit occurs among the cortical fibres of the lens on its anterior or posterior surface and in but one eye.

In such a case, Mr. Dixon operated by *kera-*

tonyx, (or the operation for removing the cataract by solution, in which the needle is introduced through the cornea,) when the child was only six months old and the case did perfectly well.

In the "nuclear or lenticular" form of cataract commencing in a lens previously healthy, the patient complains that all objects appear as if seen through a slight fog or cloud. This occurs more in the bright day-light, but at twilight, when the light is moderate, the vision becomes distinct.

The cause of this is owing to the reduction of the size of the pupil by the bright rays of light, causing the light to fall upon the dense central opacity. This form of cataract is much improved by the use of belladonna or atropia. There is also no injury resulting from its use even for years, as will be seen by the following case, which I extract from Mr. Dixon's work:—"A man, about forty years of age, has had cataract in both eyes from birth. The left lens is not only very opaque at its centre, but the peripheral portion is also slightly cloudy. With this eye he can discern large objects, but cannot distinguish type. In the right eye, the area of the pupil, while in its natural state, is also wholly occupied by a pretty dense opacity; but when he uses atropine, a perfectly clear portion of lens is brought into view, and he not only is able to read, but to do the fine work of a watch finisher, adjusting even the delicate works of Geneva watches. He has used belladonna or atropine during the greater part of his life, without any impairment of the natural motory power of the iris having resulted."*

The progress of the cataract is usually slow, yet in a case reported by Tyrrell, "the patient, who could on one morning read a moderate sized print, with tolerable ease, on the following morning could only distinguish light from darkness: the lens having become perfectly opaque in the interim. This case occurred in a gentleman of highly nervous temperament."

In the early stage of this disease, some advantage is gained by the use of glasses tinged blueish, black, or very dark green.

In soft cataract, the most frequent appearance is that of a whitish, glistening surface, with a slight tinge of blue, closely resembling a mixture of milk and water; sometimes the surface of the opaque body appears flocculent, like that of a recently-broken piece of spermaceti.

* Practical Study of Diseases of the Eye, by James Dixon, pp. 215-219.—English Edition.

* See a case reported in the Medical and Surgical Reporter, vol. IV., p. 537, in which occasional use of atropia was found very beneficial.

The aspect of the fluid cataract is occasionally like that of cream, being white, with a very slight tinge of yellow; when such form of cataract is examined with a double-convex lens when the pupil is fully dilated, opposite a good light, the opaque body will then be found to project most at the lower part.

The cortical or capsular cataract has a dense, white aspect, like unglazed paper, or the surface of an egg-shell of the common fowl; it is to be distinguished from opacity of the lens by its greater density, by its want of any glistening appearance, and by its position, as it appears almost in contact with the pupillary margin of the iris. If the pupil be dilated and the whole capsule is affected, it has a uniform character without flocculi or radii. Tyrrell also remarks that he does not recollect to have seen even partial disease of this kind, independent of disease of the lens, excepting when congenital.

Diagnosis.—The symptoms of cataract, says Mackenzie, as indeed of all diseases, are *subjective* and *objective*; that is to say, they consist either in certain feelings which the *patient experiences*, as impaired vision, headache, giddiness, &c., or in certain changes which the *observer perceives* in the form, color, texture, consistency, vascularity and mobility of the different parts of the organ of vision. Both sets of symptoms will require to be very closely examined in suspected cases.

COMMUNICATIONS.

The Present State of Ophthalmoscopy.

By MAX KUECHLER, M. D.,
Of Newark, N. J.
No. 10.

Cysticercus in the Eye.—The *cysticercus cellulosæ*, or bladder flesh worm, is 3 to 8 lines long, has a small head, somewhat similar to that of the *tania solium* a short neck, which terminates in a serous bag 2 to 6 lines in diameter; sexual organs are wanting. This parasite, at the present time generally looked upon as a migratory embryonic tape-worm, is always, (?) surrounded by a newly formed fibrous capsule, which lies between the muscular fasciculi. It is found *singly* or in large numbers in muscles or in the cellular tissue, and causes scarcely any pathological phe-



Fig. 1.

nomena (?). Sometimes the animal dies, and the sac is filled with calcareous matter. (Förster's path. Anat., p. 539.)

The *cysticercus cellulosæ* occurs in various parts of the eye. Up to the present time it has been observed in the conjunctiva, the anterior chamber, the vitreous body, upon or in the retina, and between the retina and choroid. We shall consider each of these particular cases.

1. *Cysticercus* upon the conjunctiva bulbi has most frequently been observed by Professor Sichel of Paris. It can be seen by the unarmed eye in the form of a tumescent, yellowish elevation, over which the conjunctiva is situated. In a rigid differential diagnosis it is necessary not to confound it with some of the many tumors found upon the conjunctiva; among these are especially the atheromatous, fatty or hairy dermoidal tumors, which are generally situated at the corneal periphery, and which Sichel calls *tumeurs fibreux fibro-grasseux*. The *cysticerci* are not generally situated at the corneal margin, and by their habitus and their mobility render a differential diagnosis more easy. By excision the entozoon may easily be removed.

2. If the *cysticercus* is situated in the anterior chamber it also does not become the subject of ophthalmoscopic examination. It is observable by the unarmed eye; and, in a case observed and described by Græfe, the body of the entozoon was lying in the pupil, while the head was impacted between the anterior surface of the iris and the membrana Descemeti corneæ. The motions of the animal are distinctly visible; the iris is congested, discolored; and this irritative condition may result in iritis. The aqueous humor offers a diffuse opaqueness. The parasite, in the case of Græfe, was removed by an incision similar to the *extraction lineaire* of Desmarres; the iris regained its natural color, and after the lapse of a few hours, its irritative condition ceased; the turbid aqueous humor escaped, and the chamber was soon refilled by a perfectly clear fluid.

The extracted *cysticercus*, placed in warm water, continued to move for the space of ten minutes. The cyst was perfectly round, $1\frac{1}{4}$ lines in diameter, whitish opaque, but strongly translucent; the neck about 3 lines long, and between $\frac{1}{2}$ to $\frac{3}{4}$ lines wide; the head, with its suck-



Fig. 2.

ing mouths, measured about 3-5 of a line in diameter.

3. In the vitreous body, the cysticercus has been observed at various points. In the cases so far recorded, it has always been enveloped in a membrane. When very young, however, the animal is said to want this enveloping membrane, which is formed as it progresses in its development. It is said, even, that older animals are invested in several membranous investments. The ophthalmoscope alone has the merit.

of enabling us to make a diagnosis of the cysticercus in this locality. It reveals the parasite as a bluish-green bladder, with similarly tinged head. The enveloping membrane c.

cysticercus. gives it a grayish misty opaqueness. Very frequently the movements of the animal can also be observed; though it is asserted by Græfe, that he has seen cases, undoubtedly of cysticercus, where, absolutely, no movement whatever could be detected. Once, in a case where the cysticercus was lying behind the lens, and turned somewhat toward the sclerotic, Græfe performed its extraction, in which he succeeded completely at the second attempt; the only accident being, that as the sac was carried through the incision in the scleroid, it burst and discharged its contents. The ophthalmoscopic image, after the recovery, is thus described by Græfe:—

"At the former seat of the extracted cysticercus, a feebly-transparent yellowish, membranous opacity was seen, which seemed to cover the cavity of the vitreous body like a precipitate. From this membrane, membranous cylinders are seen to extend through the vitreous humor to the wound in the sclerotic, indicating the course of the instrument during the operation." These, of course, were opacities of the cornea. Such changes in the vitreous body are induced by the presence of every cysticercus; and these opacities may lead to complete blindness. The iris sometimes becomes sympathetically affected when one of these parasites is present in the vitreous body,—it discolors, becomes congested and dilated, and the aqueous humor may become opaque.

4. Upon or behind the retina, the cysticercus has also been seen at different times, and been carefully observed with the ophthalmoscope.



Fig. 3.
A. Fundus of the Eye.
B. Vessels from the optic papilla.
C. Cysticercus.

Here also is seen a circumscribed tumescent elevation of a greenish blue tint. The sac is more or less round, and the neck and head of the parasite are seen attached to it. In all the cases on record, movements of the entozoon have been observed. The cyst contracts and dilates alternately; the head retracts and projects in a similar manner. If the cysticercus is situated upon the retina, the retinal vessels at that point will not be visible, while they are seen running over the animal, if it is imbedded between the choroid and retina. Opacity of the vitreous humor frequently results from retinal cysticercus, and also detachment of the retina. In such cases strong photoptic phenomena were frequently experienced by the patients who saw the outlines of the cysticercus in a dark room, and when the eye was shut—another proof of the old axiom, that retinas, functionally nearly dead, may, upon pressure or electric excitation, sometimes react in a comparatively energetic manner. As another result of retinal cysticercus, atrophy of the bulbus is mentioned.

In order to destroy the cysticercus, it has been proposed, after dilating by atropia, to pour anthelmintics into the eye—the former on the theory that atropia would loosen the laminae of the membranes of the eye, and hence render an absorption of the anthelmintics more certain. This method of destroying the parasite has, however, not been found successful.

It has also been asserted that cysticercus occurred with especial frequency in countries in which the tænia was indigenous, and it has indeed been found, that in the majority of cases observed and recorded, *tænia*, or other entozoa, were found in the same patients. In a number of cases, however, of cysticercus of the eye, no other entozoa could be found.

This concludes what is known of the cysticercus in its ophthalmoscopic relations at the present time. It would afford me pleasure if the hints here given would, with an accurate and conscientious examination, lead the reader to detect and publish a description of this curious and interesting parasite.

Of all the methods of keeping a patient warm, the very worst is certainly to depend for heat on the breast and bodies of the sick. I have known a medical officer keep his ward windows hermetically closed—thus exposing the sick to all the dangers of an infected atmosphere, because he was afraid that, by admitting fresh air, the temperature of the ward would be too much lowered. This is a destructive fallacy.—*Florence Nightingale.*

Mortuary Record of Sussex County, Delaware, with Remarks on the Prevalence of Typhoid and Remittent Fever.

By D. W. MAULL, M. D.,

Of Georgetown, Del.

Statistical information recently elicited, which, if it does not develop fully and with precision, the hygienic status of the county, in determining the degree of the prevalence of diseases and their general character, at least exhibits partial results of that condition by the aggregate of mortality attendant upon the operations of the morbid states, which affected the community within a given period of time. Such knowledge, amassed from the vital statistics, cannot be otherwise than valuable and important, since it becomes an exponent of the relative mortality of various sections of country and of the comparative ratio of longevity.

Sussex county has a population of 29,509 souls; of this number 1,195 are slaves. The death recorded within one year, dating from the 1st of June, 1859, to the 1st of June, 1860, were 340; of those that died, 163 were males and 177 females. By this it will appear that the per centum of deaths to the population was 1.38.

The causes which induced this loss of life may thus be summed up:—Consumption, 49; pneumonia, 16; whooping cough, 2; croup, 20; disease of the throat, 5; pleurisy, 3; catarrh, 4; bronchitis, 1; disease of the liver, 5; dysentery, 16; gastritis, 2; dyspepsia, 3; diarrhoea, 4; Cholera morbus, 1; cholera infantum, 1; colic, 3; jaundice, 1; thrush, 1; marasmus, 1; typhoid fever, 24; remittent fever, 6; yellow fever, 1; chicken pox, 1; small pox, 1; scarlet fever, 8; erysipelas, 2; measles, 1; scrofula, 1; cancer, 7; dropsy, 13; gravel, 3; cystitis, 1; dentition, 3; paralysis, 10; inflammation of the brain, 6; spinal disease, 1; convulsions, 9; tetanus, 1; mania á potu, 1; disease of the heart, 2; rheumatism, 3; worms, 1; old age, 8; hernia, 1; abscess, 2; mortification, 1; suicide, 1; burns, 5; childbirth, 11; drowned, 3; injuries, 4; fright, 1; violence 2; accidental poisoning, 1; unknown, 43.

One must needs be impressed with the ratio of consumption, and of diseases of the respiratory system generally, to the entire list of other affections, for it will be observed that the proportion of deaths from phthisis, as to the others aggregated, is 14 per cent., whilst the deaths from the disorders of the respiratory apparatus

is at least 33 per cent. of all, or as 1 to 3. This degree of mortality incident to affections of the air passages, is due to the climate, which at times is variable in the extreme, and especially in those months during which we naturally anticipate functional derangements of those organs, for we find that a large proportion of them occurred during the winter and spring months, when the variations are greatest and most frequent.

One fact, which must become apparent to the mind of any one who has instituted an examination of the returns for this county, is the frequency of deaths from consumption among the blacks, as compared with the deaths from this cause among the whites. This difference is chargeable in part to the circumstance of more frequent exposure upon the part of the negro, and the want of means, dietetic and medicinal, to resist the encroachments of the malady in its incipency. From the general surroundings of this class of population, the course of the disease is commonly not so protracted as its duration in the white; they succumb much sooner to its ravages.

Again, in this connection, it has been presumed, from the evidences frequently presenting themselves to the attention of the observer, that consumption was slightly on the increase in this county. This is no longer a presumption, but a fact; for the census of 1850, together with the recent one, attests it. Thus we find, from those portions of the census of 1850 for this county accessible, that, in 152 deaths recorded, only 15 deaths from consumption are noted, making only ten per centum, denoting within the past decade an increase of four per centum in this disease; to what this increase is due, we are unable to determine—whether to climatic modifications or to non-natural influences, we will not hazard an opinion; the fact remains the same, though the agencies are unknown.

Another development which is impressive, and at the same time somewhat startling, is the number of deaths from typhoid fever recorded; and when we take into consideration the fact, that, in addition to the fatal cases chronicled, there must have been, according to the laws of pathology, many cases the termination of which was favorable, an idea may be had of the prevalence of this disease in the county. We observe, from the preceding synopsis of causes, 24 deaths from typhoid fever noted—thus constituting a per centum of 7 to the entire number

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of fatal cases from all sources. In the partial returns for 1850, above alluded to, we find not a death in 152 from this disease, though two deaths from typhus fever are noted.

En passant, typhoid fever, it may be declared, is evidently increasing in frequency in Sussex—appearing to manifest a disposition to supplant our remittent fevers and to obtain a foothold among us. It has been but within late years that it has obtruded itself upon the attention of the practitioner; now it is making slow, but sure, advances, and the probability is, that the time is not far distant when this disease, an exotic, shall become domesticated with us and be one of our ordinary diseases. As our bilious fevers diminish, and thus leave a vacuity, as it were, the typhoid endeavors to occupy its place. As to the habits of this latter fever, it is more rife in the north-eastern and eastern portions, along the coast and all the large streams, than in the interior. It appears, in a great measure, with us to be dependent upon some cause connected with bodies of water; as in the vicinity of these, it is most frequent.

That our "bilious" is being modified in its nature, appears from the last two census reports; as an illustration, we find for the year 1850, 16 per cent. of deaths from bilious fever, whilst from the present census, among 340 deaths, we find but 6 deaths from this endemic, or 1.38 per cent. Ten years ago, the physicians of this county knew practically little comparatively of typhoid fever; remittent fever they were called upon more generally to combat; now the bilious has become more tractable, and results but seldom in death; especially a pure, uncomplicated case. That the bilious should be less frequent and less dangerous, is not surprising at all; a satisfactory solution can be given in the fact, that the face of the country has been sensibly modified by the extensive systems of drainage pursued of late years, and by the immense area of swamp land cleared up and placed in cultivation; added to this, large amounts of lime applied to these low grounds—thus in part neutralizing the malarial poisons—and we have a solution.

The ratio of deaths from diseases of the digestive apparatus, as to deaths from other causes, was 1 to 12; showing a considerable mortality from dysentery. One case of yellow fever is recorded: this was not indigenous to the locality, but the victim was a sailor from a Southern port, where he received the seeds of disease. A fatal case of chicken pox is also

noted: this would appear surprising, had it not occurred in the person of a young boy with a cachectic habit of body, with a strong scrofulous vice.

The deaths resulting from external, or causes not depending upon climate or season, amount to 18, as observable from the table of mortality.

The mortality as to ages, was as follows: 139 were under 5 years of age; 14 were between the ages of 5 and 10; 27 were between the ages of 10 and 20; 38 were between the ages of 20 and 30; 24 were between the ages of 30 and 40; 29 were between the ages of 40 and 50; 21 were between the ages of 50 and 60; 24 were between the ages of 60 and 70; 15 were between the ages of 70 and 80; 6 were between the ages of 80 and 90; 3 were between the ages of 90 and 100. Of the advanced ages, 1 was 82; 2 were 84; 1 was 87; 1 was 88; 1 was 89; 1 was 91; 1 was 92; and 1 was 100; the latter was a negro woman. The greatest mortality, it will be observed, was among children under 5 years of age, the percentage having been about 40.

In Georgetown, three died during the year, whose united ages were 251, the eldest being 92. The town, having a population of 608, had 9 deaths during the year, being a ratio of 1.44 to every hundred of population.

The number of deaths among the free negroes, as compared with the fatality among the slave population, is unfavorable to the former, for of 80 negroes that died, 53 were free; this difference may be accounted for by the fact that those negroes as a class were thriftless, and lived in squalid poverty, without the means necessary to obtain the comforts essential to the sick, and medical assistance in every case; the essentials to recovery were in a great measure wanting to them.

Desiring to show in what months the health-modifying influences were operating with most effect, the following has been tabulated: Deaths—23 in January; 23 in February; 36 in March; 37 in April; 25 in May; 32 in June; 37 in July; 33 in August; 23 in September; 27 in October; 28 in November; and 16 in December.

Deaths from consumption occurred: 3 instances in January; 6 in February; 10 in March; 5 in April; 3 in June; 4 in July; 3 in August; 4 in September; 4 in October; 4 in December. One-fifth of all the deaths from this cause occurred in March, and there was not a death from this disease, either in May or November.

There resulted from typhoid fever 1 death in January; 1 in March; 1 in April; 2 in May;

2 in July; 5 in August; 5 in September; 1 in October; 3 in November; 3 in December. Of 13 cases, the record of which we have examined, we find that 2 were under 11 years of age; 1 was 13; 1 was 14; 1 was 16; 1 was 17; 2 were 18; 2 were 20; 1 was 28; 1 was 42; 1 was 67; the latter being most likely a case of bilious merging into typhoid, as is its wont in old and relaxed subjects, in many instances. Of these cases, 8 were females, and 5 were males.

There resulted from dysentery 1 death in January; 1 in March; 1 in May; 3 in June; 5 in July and 1 in August; showing the greatest amount of mortality from this source in July, a time when our bilious fevers have not made their appearance generally, and when we naturally look for the former disease to show itself in greatest force.

If it were possible, it would be interesting to note the ratio of deaths to the number of cases of illness during the period referred to, in order that we might more accurately estimate the character of our diseases by their termination; but there are no data, save that offered by general observation, which is so meagre, that an approximation cannot even be formed; the combined notes of all the physicians of the county would afford the only means of judging.

Whether there was about the average amount of sickness during the twelve months, throughout the county, cannot be positively determined. From our notes, we find that very early in the season of 1859, the bilious commenced; having presented itself in May, which was something remarkable; it appeared to be genuine remittent fever. There was also some intermittent fever. The rains had been very frequent since the first of the year more than 20 inches having fallen in that time; the wind, for much of the time, had been from the east, and the weather was damp and variable; the swamps and low grounds had been for the most part covered with water, and the weather at times quite warm, the thermometer indicating 86° in the shade. There being a sensible connection between atmospheric conditions and the prevalence of disease, it may not be superfluous to state, that the year 1859 was essentially a *pluvial* one, 54.42 inches of rain having fallen, there having been 96 days in which we had rain. It is easy to imagine from this hygrometric state, that pulmonary complaints should be rife in the community.

From the first of the present year up to June, 13.02 inches of rain fell; the variations of the

weather were frequent and severe in the early season; the respiratory system was peculiarly obnoxious to attacks. Pneumonia was especially prevalent throughout a large section of the county; in some neighborhoods it was quite fatal.

Now, the inquiry may be made, what is the relative longevity in Sussex county? The data, as furnished by the present census, will enable us to determine it for one year, according to the principle which is usually regarded as a mode for estimating it.

The principle is, "the ratio of deaths to the population in any community is deemed commonly an index of the average duration of life in that community; as an illustration, if 1 in 45 dies yearly, the average of all who die, will be 45. From a table before us, it appears that in London, the proportion of deaths to the population, at the commencement of the last century, was 1 in 20; at another time it was 1 in 39; and at another 1 in 40; and at other times intermediate ages between the minimum and the maximum mentioned. Taking this principle for our guide, we find that the average duration of life is 86 years, as the ratio of deaths to the population of Sussex is 1 in 86; this estimate will appear too high, however. Be that as it may, enough has been developed to show that the average duration of life is much higher than in the cities, and that it will compare favorably with most rural districts.

Gilman's Treatment of In-growing Nail.

By HENRY M. CLARKSON, M. D.,

Of Wateree, Richland Dist., So. Ca.

Mrs. S., a young married lady, applied to me on the 12th of March last, to be treated for an in-growing of the nail of the great toe.

She had not been able to wear the softest shoe for many months, or bear the lightest touch of the finger upon the parts adjacent to the sore. This was on the inner side of the nail, near the root, discharging pus, and surrounded by great inflammation.

Unwilling to subject one of so delicate a constitution and so nervous a temperament to the painful application of nitrate of silver, or to the severe operation of extracting the nail, I resorted to the plan recommended by Dr. N. Gilman, of Hatfield, Mass., (Boston Med. and Surg. Journ., Dec. 29, 1859.)

Having held a small piece of tallow in a spoon over the flame of a lamp, until it melted

and became very hot, I dropped two or three drops of it upon the seat of the granulations, and directed the patient not to attempt to put on her shoe until a cure was accomplished. After this visit I did not see her for several days, when I was gratified to find the granulations gone, and the pain and tenderness effectually relieved. Paring away the exposed edge of the nail, in ten days later she was walking about, wearing her shoe with comfort; and at the present time, (six months since), there appears not to be the slightest probability of a return of the complaint.

When it is recollected, how frequently surgeons pronounce the operation of extracting the nail one of the most excruciating in practice, necessitating the use of anæsthetics, and that cauterization by nitrate of silver is always dreaded, it is to be hoped that others will substitute for such barbarous treatment this simple method of Dr. Gilman, as one suitable for self-application, quick in giving relief, effectual in curing, without pain, and last, though not least, obviating the risk in resorting to chloroform.

An Extraordinary Case of Ascites.

By SAMUEL M. KING, M. D.,
Of Monongahela City, Pa.

Last November I reported (vol. iii, p. 178) a case of ascites, that of Mrs. Adams, which is remarkable for the large amount of serum effused, and the number of times the operation of paracentesis abdominis was performed. A continuation of the report may be of interest to the reader.

From February 1st, 1854, to October 18th, 1859, she had been tapped over fifty times, and the amount of fluid discharged was 628 gallons, 2 quarts, 1½ pints. From that time the record runs as follows:

	Gallons.	Quarts.	Pints.
Previously reported, -	628	2	1½
Nov. 22d, 1859, drew off,	12	2	1
Dec. 20th, " "	13	—	—
Jan'y 17th, 1860, " "	13	1	½
Feb. 15th, " "	13	1	—
March 17th, " "	12	2	1
April 15th, " "	13	—	1½
May 16th, " "	13	2	1
June 14th, " "	13	2	—
July 11th, " "	12	3	1
Aug. 7th, " "	14	1	—
Sept. 8th, " "	13	—	1

Amounting in all, up to
this time, to - - - 774 6 ½

Mrs. Adams continues to enjoy tolerably good health for one in her situation. In some respects she has improved since the last report; a cough, that annoyed her very much for years, has ceased entirely for some months.

Oct. 1st, 1860.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

ANEURISM OF THE AORTA.

A man, about 50 years of age, came into the house suffering from asthma, dyspnoea, and a somewhat stridulous laryngeal or tracheal respiration. There was no aphonia, nor could any inflammation of the throat be detected.

The patient dates his disease since Christmas, when he had some pain in the right side, and at the same time found that, contrary to previous habit, he could carry heavier weights on his left shoulder than on the right. The stridulous respiration, in the absence of any inflammation in the trachea or larynx, together with the absence of any other positive symptoms; his appetite being good, no emaciation having taken place, and there being no tubercular tendency, reduce the diagnosis to the existence of an intra-thoracic tumor of some kind pressing upon the trachea, which may be either an aneurism, a cancerous growth, a mediastinal tumor, or an abscess. But the three latter must be thrown out in this case; he has not the cachectic appearance, the pain, and other general symptoms accompanying cancer; nor has he had the secondary, hectic fever, with rigors and chills, accompanying the formation of an internal abscess; and, as far as a mediastinal tumor is concerned, we have other symptoms, which, by establishing the case as one of aneurism, exclude the former.

On inspection, there is a slight prominence or bulging, some protrusion of the thoracic walls, over the right infra-clavicular region. The veins of the neck on the right side, especially the jugulars, and the veins of the arm on that side, are fuller than those on the opposite side, especially when he lies down. The thoracic veins of that side are also somewhat enlarged.

Percussion demonstrates a want of tone, and some dullness over the bulging part of the infra-clavicular region. On placing a stethoscope over this region, a slight pulsatory impulse is given to it. The apex-beat of the heart is more to the left than it should be.

NEURALGIA.—SUBCUTANEOUS INJECTIONS.

The subject of this disease is a young woman, who came into the hospital August 14th, suf-

fering most intensely from pain in the loins and along the sciatic nerve. The heart is perfectly sound, she had never suffered from rheumatism, there is no pulmonary disease, she has not had typhoid fever—in short there is no organic lesion to be found anywhere, and the diagnosis must hence be reduced to that of simple neuralgia.

Her suffering was so intense, the pain so agonizing, that immediately on her admission a subcutaneous injection of a solution of morphia,—20 minims of 16 grains to f. 3j. of water was applied, which gave temporary relief, and at the same time tinct. opii and valerianæ in proper doses were administered. The pain, however, returned, and we have been obliged to resort to injections again and again—eleven in all.

On the 14th of August the opium and valerian were omitted, and 15 drops of the muriated tincture of iron given three times a day. This being followed by no very marked improvement, on the 24th of August 5 grains of iodide of potassium with wine of colchicum, 3 times a day, was substituted. But this in its turn was also suspended early in September, and she was placed under Todd's anti-neuralgic mixture, which consists of 15 grains of bicarbonate of potassa, 10 drops of tincture of opium, and 5 grains of nitrate of potassa. Under this, with the occasional application of hypodermic injections, she has been gradually improving, but still is not entirely free from the affection.

The case is one of considerable interest, as it presents a type of a class occurring very frequently, and often causing the physician much vexation. Sick headache, or migraine, and other forms of neuralgia are most frequently caused by nervous exhaustion, care, want of sleep, brought on by over exertion of the brain, with a state of the blood insufficient to supply the organ with its proper stimulus. It may be looked upon as an hyperæsthesia of the cerebrum itself.

We find this disease most commonly in hard-working, broken down merchants, lawyers and clergymen, whose habits are sedentary, whose appetite is poor, digestion bad, and who, with all this, exercise their brain day and night. It occurs in women, who have a large family of children, household cares, are perhaps nursing, and robbed of their sleep, and from these causes become anæmic. ROMBERG, than whom there is no better authority in diseases of the nervous system, calls neuralgia "*the prayer of the nerves for healthy blood*," and experience has proved that he is right. The treatment in these cases must always be tonic, and the diet should be simple but nutritious. Iron should form the basis of the treatment, and quinine is a most important auxiliary.

HÆMOPTYSIS.

This patient, a man 34 years of age, was an inmate of the hospital in March last, suffer-

ing from scurvy; the hæmorrhagic blotches being limited chiefly to the legs. There was no active hæmorrhage then. He went out, apparently in perfect health, in May.

On the 2d of July he returned to the hospital, having then been spitting blood for about a week. The hæmoptysis was very copious, and continued for two weeks, in spite of all that could be done. He was in so exhausted and weak, a condition that, of course a thorough physical examination could not be made.

Ten drops of oil of turpentine were given every two hours, he was dry-cupped, and three grains of gallic acid were given every three or four hours. Light, but somewhat nutritious diet, such as milk and bread, was ordered.

August 5th. A blister was applied over the sternum.

Aug. 10th. Two grains of gallic acid ordered, together with $\frac{1}{2}$ grain of opium every two hours, when awake.

Aug. 21st. The hæmoptysis having almost entirely ceased, it was thought time to commence building him up; 10 drops of tinct. nuc. vom. with one drachm of compound tincture of gentian twice or three times a day were ordered and the diet consist of mutton chops, milk, eggs, porter, etc.

Physical Examination.—There is now no coughing; expectoration very slight.

Percussion yields a slight dullness over the left supra-spinal fossa; there is also some dullness below the clavicle on both sides, and a little sinking in.

On auscultation there is found to be prolonged expiratory murmur over the left clavicle; at the same time the expiratory murmur is somewhat rough or harsh. There can scarcely be a doubt that this patient has tubercles, probably miliary in both of his lungs.

The prognosis of tubercular disease, at present, is not considered so unfavorable as it was twenty or thirty years ago, when pulmonary tuberculosis and death were almost synonymous. Though the disease can, properly speaking, not be cured, that is to say, the tuberculized portion of the lung, cannot be brought back to be sound lung-tissue, the development of tubercles, and their progress may be arrested under favorable circumstances, the disease be held in abeyance. In connection with this subject, we may quote Dr. WALSH, a recent authority of high repute, who says:

The following results, which I obtained at the Consumption Hospital, justify the foregoing statements, and furnish guides to prognosis additional to those already set forth. (1.) Of a given mass of patients entering the hospital in all stages of the disease, and in every variety of general condition—between the actually moribund state, and that of but slight constitutional suffering—the number leaving it on the one hand, improved or unadvanced was more than double that on the other hand, leav-

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ing it in a worse state, or dying within its walls, (the exact ratio is 67.84; 32.16.) If the cases in which death was actually imminent at the period of admission were excluded, the result would be very materially more favorable than this. (2.) In 4.26 per cent. of the cases, complete restoration to health, not only as regards apparent disturbance of the functions generally, but as regards local evidence of active pulmonary disease was effected. (3.) Complete removal of symptoms was more frequently effected in the male than in the female; but, on the other hand, the results were, on the whole, slightly more favorable in the latter than in the former sex. (4.) All patients whose conditions grew worse, while they were in the hospital, had reached the stage of excavation on admission; and all patients, whose tubercles were yet unsoftened on admission, left the hospital either improved, or having had a *status in quo* condition kept up. Improvement is more probable than the reverse, even where excavation exists on admission. (5.) In a given mass of cases, the chances of favorable influence from sojourn in the hospital will be greater, in a certain, undetermined, ratio, as the duration of the disease previous to admission has been greater—in other terms, natural tendency to a slow course is a more important element of success in the treatment of the disease, than the fact of that treatment having been undertaken at an early period. (6.) The mean length of stay in the hospital in the most favorable class of cases, nearly doubled that in the least favorable. (7.) The chances of benefit are more in favor of those whose trades are wholly or partially pursued out of doors. (8.) The results did not appear to be influenced by the laborious or non-laborious character of the trade individuals might have pursued. (9.) The age of the sufferers did not exercise any very material influence on the character of the results. (10.) Patients coming from the country have, on an average, a slightly stronger chance of improvement, than the residents of London and the suburbs. (11.) Patients admitted during the warmer half of the year, benefit by a sojourn at Brompton, to a slight extent more than those received during the six colder months.

HOWARD HOSPITAL.

Service of Dr. S. W. Gross.

[Reported by J. Rufus Tryon, Resident Physician.]

STONE IN THE BLADDER—LATERAL OPERATION— UNION OF THE WOUND BY THE FIRST INTENTION.

William Holland, two years and a half of age, born in Leeds, England, was admitted into the Howard Hospital on the 18th of September, 1860. He had suffered from symptoms of vesical calculus for the last nine months, passing his urine from twenty to thirty times in the

twenty-four hours. Micturition was always attended with pain, especially at the completion of the act; and there was occasionally a sudden interruption in the flow of urine, causing the boy to flex his body far forward, in order to disengage the stone from the mouth of the urethra. He had pain and itching at the head of the penis, to relieve which he was constantly pulling at the head of the organ, thus causing elongation of the prepuce. He has never had prolapse of the rectum; nor was there ever any calculous disease in his family. Three weeks previous to his admission, as well as the day before the operation, the patient was sounded, and a stone was detected. He was placed upon the use of bicarbonate of soda, under which the symptoms of vesical irritation abated.

On the morning of the 18th of September, the patient having been put under the influence of chloroform, the ordinary lateral operation was performed with a scalpel, the lower bowel having the night previous been cleared out with castor-oil. The external incision was about an inch and a quarter in length, and the internal incision was limited to simply notching the membranous portion of the urethra, the prostate being lacerated with the index finger to an extent just sufficient to admit of the introduction of a small pair of forceps. The calculus was extracted without any difficulty, and was six lines in length by two in breadth, and weighed nine grains. It was quite friable, and was phosphatic in its composition. Six drops of laudanum were administered after the operation. The perineum was much deeper than is usual with subjects so young.

September 19th, 10 A. M. From the time of the operation, the boy has slept soundly, awakening twice, when he took some bread and milk, and has suffered no pain. The urine passed through the wound several times during the afternoon and night; but at seven o'clock this morning, or nineteen hours after the operation, it came away by the penis, and so continued until a cure was effected, not a drop issuing from the wound. The small size of the internal and external incisions, no doubt, contributed, in great measure, to this very unusual result.

September 20th. This morning the boy had an action on his bowels. He sleeps well, has a good appetite, and is free from pain. While the nurse was out of the room, he got up and walked about; but strict watching was enforced, so that it should not occur again.

The progress of the case was unattended by any bad symptom, and the child's mother stated that he enjoyed more freedom from suffering than he had for the last six months. It was almost impossible to keep him confined to his bed, and on the sixth day after the operation he was discharged from the hospital; after which he was visited at his residence. On the

eight day, the external wound had entirely closed; but the boy was visited every day or two until the 8th of October, at which time he was playing about and perfectly happy. As the bowels acted regularly every day, the after-treatment was confined to the administration of bicarbonate of soda.

HEREDITARY SYPHILITIC CONDYLOMATA AT THE VERGE OF THE ANUS.

Mary McKenna, twelve years of age, was admitted to the Hospital, on the 2d of August, 1860, on account of condylomatous growths of the anus, the result of hereditary syphilis. The child did not present any other sign of constitutional disease, but was emaciated and pale, and her general health was bad. The mother had suffered from ulceration of the throat, alopecia, nodes on the tibiae, and a papular eruption, and had had four children, one of which was born infected and died soon afterwards. The growth commenced about two months ago as a small red spot, which soon spread, and has now become of the size of a twenty-five cent piece. Its surface is slightly tuberculated; it has a fibrous feel, is of a red color, and of an irregular shape, and about two lines in height. Itching has been a troublesome symptom, becoming worse by exercise, and when she gets warm in her bed, requiring her to scratch and rub the part, which gives rise to pain, and occasionally to bleeding.

The treatment consisted in the internal administration of a solution containing five grains of iodide of potassium, with the twentieth of a grain of bichloride of mercury, every eight hours. She was also placed upon the use of the tincture of the chloride of iron, and was allowed a generous diet. As a topical remedy, chromic acid in the proportion of one hundred grains to the ounce of water was applied, and strict cleanliness was enjoined. Under this course of treatment, the tubercles had disappeared at the end of three weeks, the chromic acid having been applied but three times, and at intervals of six days. To prevent a recurrence of the disease, cleanliness was ordered to be kept up, and the constitutional remedies were continued for several weeks, the effects of the bichloride of mercury being carefully watched.

CASE OF SYPHILITIC HYDROSARCOCELE.

J. B., an Irish laborer, forty-five years of age, presented himself at the clinic of Dr. Gross, on the 2d of July, 1860, on account of a scrotal tumor, which had existed nearly three years. Twenty-two years ago, he had had an indurated chancre, followed by a bubo, and has occasionally been the subject of the different symptoms of constitutional syphilis. At the present time he

suffers from nocturnal rheumatism, and he is pale and cachectic, and his appetite is impaired. Upon examination of the scrotum, the left sac of the vaginal tunic was found to be distended with serum to about the size of a goose's egg, and upon evacuating the water, the testicle was felt to be greatly enlarged, being four times its natural bulk, very knobby and indurated, as well as very heavy. The epididymis was also involved in the disease, and the spermatic cord, as far up as the external ring was very much enlarged, and occasionally the seat of sharp, shooting pains. The hypogastric and right and left iliac regions were the seat of pustular eruptions of an ecchymatous character, and of about fifteen deep sores, with foul bottoms, and varying in size from a three cent-piece up to that of a twenty-five cent piece.

Treatment.—The left side of the scrotum was ordered to be painted twice a day with the tincture of iodine, and to be kept well suspended. The sores were touched with a dilute solution of acid nitrate of mercury, and poultices were to be applied, until they assumed a healthy granulating appearance. He was placed upon a nutritious diet, with malt liquor, and took every eight hours ten grains of iodide of potassium, with the eighth of a grain of bichloride of mercury.

On the 9th of July, the scrotum was punctured to give egress to serum which had again accumulated, and at this time the testicle and spermatic cord were not so hard, and the sores, having assumed a healthy aspect, were ordered to be dressed with one part of citrine ointment to seven of simple cerate. The application of iodine to the scrotum was discontinued, and mercurial ointment substituted. One week subsequently the patient had become slightly salivated, and the iodide of potassium was administered alone, the blue ointment and bichloride of mercury being stopped, and the iodine being again applied. The sores were in great part healed, and very considerable diminution had taken place in the size of the cord and testis. From this period the case progressed favorably, and on the thirteenth of August he was dismissed. His general health had greatly improved, his sleep was undisturbed by rheumatism, the ulcers had perfectly healed, and the testis and spermatic cord were reduced to almost their natural dimensions, although the former organ still felt somewhat tuberculated. He was ordered to continue the iodide of potassium for three weeks longer, and to pay special attention to his secretions.

It seems a commonly received idea among men, and even among women themselves, that it requires nothing but a disappointment in love, the want of an object, a general disgust or incapacity for other things, to turn a woman into a good nurse. This reminds one of the parish where a stupid old man was set to be school-master because he was "past keeping the pigs." *Florence Nightingale.*

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UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

(Service of Dr. Pepper.)

SEPTEMBER 25TH.

INCIPIENT SOFTENING OF THE BRAIN.

The patient is a man, 42 years of age, a sea-captain, who has always enjoyed good health. He left sea last December. He has been a moderate drinker. About twelve weeks ago, he began to feel weak, and was obliged to stop his business.

He has now some difficulty in walking. His gait is somewhat rolling, staggering like that of a man on board of a ship. His grasp is feeble. There is a general loss of muscular power; he has, however, full power of co-ordinating his muscular motions. The lower extremities appear in a weaker condition than the upper. There is some loss of hearing, but the sight is equally good in both eyes.

On auscultation, the sounds of the heart are found to be perfectly normal. The condition of his mind is good, with the exception of a slight hesitancy in his speech.

The patient is evidently threatened with general paralysis, in consequence of softening of the brain. It is not a case of apoplexy, though that may finally take place.

Disease of the heart is not unfrequently followed by softening of the brain, in consequence of fatty or atheromatous degeneration of the cerebral vessels, the same as takes place in the heart or aorta, and for this reason the heart of this patient has been examined, with a view to see whether any such connection exists in this case. The heart, however, is sound.

Softening of the brain is generally looked upon as an incurable disease. It is stated, however, by some authorities, that as long as the brain-fibres have not given way and become disorganized, the disease may be curable, or at least held in abeyance by proper treatment.

Treatment.—This is to consist in a sustaining diet and a tonic course. The patient is to be built up. His food should be simple and nutritious, and he should abstain from alcohol or tobacco. As a tonic, he is to take one grain of quinia with two grains of extract of gentian three times a day. Counter-irritants are to be applied to his back, and his bowels to be kept in a soluble condition.

Oct. 2d. The patient presented himself again at the clinic, somewhat improved. The same treatment to be continued.

PHTHISIS IN A CHILD TWO AND A HALF YEARS OF AGE.

The child was brought to the clinic by its mother, who is a very healthy looking woman, and who states that her husband, as well as the

rest of her children are all healthy, and that there is no consumption in her family.

The child has been sick a year, but during the last four months has become markedly worse, emaciating considerably; it has a hot, dry skin, indicating hectic fever, and a very fetid smell of the breath.

On physical examination, there is well-marked cavernous respiration in the upper lobe of the left lung, with pectoriloquy and dulness on percussion. The right lung appears sound. There is evidently a cavity in the upper part of the left lung.

This is rather a rare case. Tubercular degeneration in children at this age is generally disseminated all over the lung in the form of miliary tubercles, and it is not very often that we find it occupying the position, and running the course it does in the adult.

The bad odor, approaching to that almost of gangrene, is caused by the decomposing purulent matter in the cavity, which is acted upon by the inspired air, and which, in children so young, cannot be expectorated.

Cases of this kind might be mistaken for gangrene, pneumonia, or pleurisy; but the history of the case on one hand, and the physical signs on the other, are sufficiently clear to make a diagnosis certain. A case of gangrene would be much more rapid in its course than this case has been. It being limited to the upper lobe of one lung, with cavernous respiration and pectoriloquy, preclude the theory of pneumonia, pleurisy, or empyema.

Treatment.—There being no hereditary tubercular taint, the digestion being yet tolerably good, the progress of the disease may be considerably retarded, though we can hardly hope for a cure. Cod liver oil, wine whey, beef tea, and $\frac{1}{2}$ of a grain of sulphate of quinia, three times a day, constitutes the best treatment under the circumstances.

EDITORIAL DEPARTMENT.

PERISCOPE.

EPIDEMIC JAUNDICE.

In the October number of the *Maryland and Virginia Medical Journal*, Dr. Thomas Pollard, of Richmond, Va., gives an account of "Epidemic Jaundice" occurring in Richmond, Va. The following is a synopsis of the endemic as it occurred:

"The cases occurred in this city in the month of June last, at the stable of Mr. Bossieux, situated between 20th and 21st streets, fronting on the Dock. The first cases which were treated there occurred in May last. Most of them were attended with fever, furred tongue, and generally constipated bowels. Oc-

curing in the first warm weather in May, in connection with the locality of the stable near the water, the somewhat apparent remission in the fever, caused them to be mistaken for remittent fever—though some of the marks of remittent fever were absent. They were treated with calomel and quinine. In a few days, perhaps in a week, in most of the cases, (five in number,) yellowness of the conjunctiva began to be observed, and the true nature of the disease was then first discovered. In connection with the symptoms just mentioned, the urine was found colored with bile, the spirits were much depressed, debility was marked, appetite gone, and the secretion of the liver deficient, and the passages dirt colored—such symptoms, indeed, as are usually found in this affection. Convalescence was slow, and the patients (likely negro men) were a long time on the sick list, considering the mildness of the symptoms, and the fact that they were usually able to sit up or walk about a considerable part of the day—though, as before remarked, they complained much of debility. When the yellowness of the eyes and torpor of the liver became manifest, calomel was more freely used, and with good effect.

"As the disease progressed, it assumed a more decided and worse form. One after another was taken down, and out of nineteen likely negro men seventeen of them had jaundice. A young white man employed about the stable also became a subject of the same affection."

Dr. Pollard remarks that endemic or epidemic jaundice is extremely rare, no account thereof being published in the *Lancet*, *Medico-Chirurgical Review*, *American Journal Medical Sciences*, and the *Virginia Medical and Surgical Journal*. If our readers will turn to Vol. I, p. 251 of the *MEDICAL AND SURGICAL REPORTER*, they will find the account of an epidemic of jaundice, by Dr. Wm. Pierson, Jr., of Orange, which occurred in that city in the fall of 1858, attacking at least three hundred persons, out of a population of about 7,000.

An account of the same epidemic, from the pen of Dr. Wickes, of Orange, may be found in the *Transactions of the Medical Society of the State of New Jersey* for 1859. After resorting to various remedies, Dr. Pierson found quinia the most efficient remedy. By this "in almost every instance the attack was broken up in a few days; whereas, without it, cases would frequently be prolonged for weeks." This leaves scarcely a doubt as to the malarious origin of the disease.

Neither in the ORANGE epidemic, nor in that at RICHMOND, does it appear that a single case proved fatal, though in the latter, according to Dr. Pollard's account, in several cases, there was much delirium and prostration, requiring the use of stimulants, while convalescence was slow. Dr. Pollard also suggests that malaria may have had something to do with the de-

velopment of the disease, as the stables were lying near the river.

From the authorities quoted, it seems that epidemics of jaundice are on record as follows:

Occurring at Minorea, in 1746.

" at Cronstadt, in 1784-85.

" at Geneva, in 1814.

" at Philadelphia, in 1824.

" at Montgomery co., Pa., in 1857.^(?)

" at Orange, N. J., in 1858.

" at Richmond, Va., in 1860.

It is very probable that endemics of jaundice are of much more frequent occurrence than is thought.

AROMATIC SULPHURIC ACID IN THE TREATMENT OF TAPEWORM.

Dr. Darrach, of Quincy, Illinois, reports, in the *American Journal of Medical Sciences*, five cases of expulsion of tapeworm by the administration of aromatic sulphuric acid. In one of the cases, a fluid ounce of the acid in a pint and a half of water was directed to be taken by the patient at his convenience. In other cases, three drachms of the acid were given during the twenty-four hours.

The remedy was used at the suggestion of Dr. Nichols, whose attention was first called to it by a woman who suffered from tapeworm, and who, on feeling its irritation gave it, as she said, "the sourest thing that she could find," and thus destroyed the worm.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 13, 1860.

EXPERIMENTAL PHYSIOLOGY.

Not unfrequently the remark is heard, even in high quarters, that experimental physiology as now introduced, almost universally, in the most celebrated schools of the Old World, and as successfully taught in a few institutions of this country, would, after all, be but a loss of time should it be generally introduced into the curriculum of studies in our cis-atlantic schools. Why should hour upon hour be spent in making observations and seeing phenomena which have been fully established and been repeatedly observed, when, without these time-taking vivifications and experiments, the teacher might state the facts as well? The office of lecturer, it is said, is rather to generalize, to expound the laws of life, health, and disease, than to waste time in the fascinating, perhaps, but tedious

process of detailed experimental physiology, which may be accompanied in the lecture-room with a great deal of *éclat*, but, after all, stands a great deal lower in the scale of science than the task of generalization and expounding of physiological laws.

Such, or similar arguments, are not unfrequently advanced from quarters entitled to the highest respect; and this is one of the reasons why the subject should be submitted to a calm and careful consideration. The other is, because physiology is bound to become the scientific basis of pathology and therapeutics, and hence it becomes a question of very serious importance, which is the best way of teaching it?

Now it must be acknowledged, that, in all physical sciences, (and medicine is the grandest of them all,) the very best method of teaching is the *demonstrative* method. It takes a student five minutes, perhaps, to read that the fifth pair of nerves emerges from a certain portion of the pons varolii, forms the Casserian ganglion, divides into an ophthalmic superior and inferior maxillary branch, which are again subdivided into certain ramifications which supply certain parts. *Item*, it takes up a whole hour to demonstrate properly on the cadaver these same points, and days or weeks to dissect them out carefully. But who will deny that the proper study of this part of our science is the *demonstrative* and *experimental* study? Is it really a loss of time to demonstrate and dissect?

The absurdity of such an assertion, were it really made in earnest, is too glaring to demand serious refutation.

Now let us for a moment turn our attention to the *physiology* of these nerves, and see how didactic "generalizing" teaching fares in comparison with experimental physiology. In the former—which has well been stated to differ from knowledge derived from books, only by the latter being "to read one's-self," and the other to "being read to"—an hour is, perhaps, spent in discussing the effects of paralysis or division of certain portions of these nerves, and their effects upon the parts supplied by them, and for better illustration models and plates are, perhaps, used. But we doubt whether the student will be able to obtain the same amount of

knowledge as if the action of these nerves, by irritation or division, were immediately demonstrated by vivisection, which could conveniently be done in an hour's time by an expert operator who possesses the faculty, indispensable to a teacher, of commenting upon the subject under consideration while carrying on his manipulations.

The difference between teaching physiology didactically and experimentally, is just the difference between an engraving and the real form—between a photograph and the object itself. It is true, as modern art has succeeded in the stereoscope—a sort of artificial squinting-apparatus—in presenting planes in relief, so, by straining our mental eye to the necessary obliquity, we may imagine that we behold *reality* when we are merely looking at its shadow. This will do well enough when the former cannot be obtained. A man may roam by aid of stereoscopic delusions in an hour's time through sceneries and countries that it would take him a year to travel through, and he will avoid being bored by dull waiters, the dangers of the sea, dusty rides, and other discomforts of a journey. But would any man call this traveling? It would be a strange fancy, indeed, if one should prefer reading a traveler's guide, however well written, to the journey itself, however tedious.

If not in every department of human understanding, the principle of Locke, "*nil in intellectu, quod non prius fuerat in sensu*"—is certainly true in medical science, and one which, for the sake of successful medical teaching, should be hung up in letters of gold, conspicuous to the eye of both teacher and pupil. A little boy will run away from his picture-horse, if you show him one of tin, which has the three dimensions; but he will throw away both, to get a good sight of a real, prancing, snorting, galloping, live beast. And not a whit different is it with the acquisition of knowledge among the wisest of men. The substance is always more acceptable than the shadow.

But it might be, and it is often replied, that it is not necessary to demonstrate physiological facts, which have long ago been demonstrated

as perfectly true. A single glance will show the fallacy of such a reply.

Take, for instance, the glycogenic functions of the liver, the artificial production of diabetes, or of cataract; all facts which elucidate very important functions, and tend to explain many morbid conditions of the economy. Now, it is said by the opponents of experimental physiological teaching, that inasmuch as the glycogenic function of the liver, the artificial production of diabetes, and of cataract, are phenomena, or facts, perfectly well established, what is the use of encumbering our lectures with experiments to verify them? We would answer this question by asking, what is the use of showing in our chemical lectures, year after year, by actual experiment, that water is composed of oxygen and hydrogen, when these last seventy years the fact has been perfectly well established? Why are we, year after year, demonstrating by actual dissection that the sartorius muscle arises at a particular point to be inserted into another, when these last three hundred years the fact has been patent to all? Why are we, year after year, encumbering the lecture room, and crowding amphitheatres of hospitals with patients, to spend hours and hours in simply demonstrating, what has been known these many years, that when a man's chest is full of fluid, there is a dull sound on percussion, and a splashing on succussion? Why spend valuable days in demonstrating well established facts, which could be taught didactically in so many hours?

It is, of course, unnecessary for us to answer these questions, which we have put, merely to show the inconsistency of the plea against introducing experimental physiology into the regular curriculum. But, as really the only objection raised against it, is because of its encumbrance and waste of time, we shall devote a few words to this. There is nothing more certain than that with the demonstration before his eye, the pupil is enabled to understand any truth or fact in half the time, at least, than if he were forced to draw off from the didactic teaching, part of his attention to supply the want of the former by his imagination. We had been reading, and we had been "read to" about the

reflex action of the nervous system, for days and weeks didactically; but we really never understood the subject thoroughly, until we witnessed a few simple experiments of Marshall Hall, and then we understood in *ten minutes*, what we had previously attempted to learn in vain. So it is with *all* departments of physiology—from digestion to secretion, from excretion to generation.

Another point must be taken into consideration, and one of no little importance. If experimental physiology is made the rule of medical teaching, the student will be less encumbered with untenable and mere speculative theories, because the teacher will be careful not to state what he cannot satisfactorily demonstrate by experiment. It is unfortunately but too often the case that in didactic teaching generalizations take flight so fast that facts cannot follow, and fortunate the pupil who has mental ballast sufficient to keep him down to the latter.

It must be claimed for experimental physiology, that it is the only true method of teaching that branch, as it should be pre-eminently *demonstrative*; and further, that it will save time to the student, because it will obviate long explanations, which at best can elucidate the subject but approximately; and lastly, that it will purify physiological teaching from much rubbish and trash, because the experimental teacher will not state as facts what cannot be proven by the demonstrations of science.

DEATH FROM CHLOROFORM.

Another death from Chloroform is reported in the *Cincinnati Lancet and Observer*, by Dr. KRAUSE of Cincinnati. It occurred during an operation for iridectomy. The following is an abstract of the case in Dr. K's own words:

"On the 25th of last month I performed an operation for artificial pupil, on a farmer, 29 years of age, who had generally enjoyed good health. About a year ago he suffered from protracted intermittent fever. The disease of his eyes dated from this time. His constitution was scrofulous anæmic. Preparatory to the operation chloroform was administered on a folded cloth, by an assistant sufficiently expert in its use. The patient, who had been enjoined

to keep his eyes closed, the operation recumbent. He took assistance; ecstasie sy the operat desisted fr restlessness plied. Pro chloroform mouth and he stertoro about five the eye pa about to le ness of the become inju ments. TH ceased to r though we regular, an water, epric chest and mical depre restore res Marshall H were opene cleaned fro was not pro and periphe ting of the sional use o The functio these mean however, w once every seeing the less frequent generated in was during cles about th patient's leg We ceased o and a quart had appeare No post m deceased hac diating dis size was over chest normal with him his torpid."

There is no

to keep his stomach empty on the morning of the operation, inhaled the chloroform in the recumbent posture, from 11 to about 11½ o'clock. He took one and a half ounces of it without resistance; nor did he even manifest the usual ecstatic symptoms. I finally proceeded with the operation, after having three or four times desisted from it, on account of the patient's restlessness whenever the lid-holders were applied. Previously, however, the removal of the chloroform was ordered from the patient's mouth and nose, as his breathing had begun to be stertorous. The operation, iridectomy, lasted about five minutes. The anterior chamber of the eye partly filled with blood, which I was about to let out, when I noticed a sudden paleness of the anterior ciliary vessels, which had become injected under the touch of the instruments. Then I found that the patient had ceased to respire, while the action of his heart, though weak, was still perceptible to the ear, regular, and about sixty beats in a minute. Ice-water, sprinkled into the patient's face, on his chest and epigastrium, had no effect. Rhythmical depression of the abdomen also failed to restore respiration. I therefore resorted to Marshall Hall's method. Windows and doors were opened, the patient's mouth and throat cleaned from a very tenacious mucus, which was not prone to discharge by its own gravity, and peripheral circulation promoted by rubbing of the extremities heartward, the occasional use of ice-water and clapping of the skin. The function of the heart was sustained by these means nearly an hour. Respiration, however, which had occurred at first about once every minute a few times, gradually lessening the patient's livid complexion, became less frequent and more superficial, until it degenerated into mere pseudo-pneic efforts. There was during the agony a twitching of the muscles about the mouth, and a drawing up of the patient's legs: then pulsation also stopped. We ceased our efforts at resuscitation one hour and a quarter after the first symptoms of apnoea had appeared.

No post mortem examination was made. The deceased had never complained of anything indicating disease of his thoracic organs. His size was over six feet, the configuration of his chest normal. During my short acquaintance with him his spirits were depressed, his temper torpid."

There is no comment necessary. So rapidly

are the cases accumulating, showing the often unavoidable fatality of chloroform, that hereafter the administration of chloroform, except in cases where ether has absolutely failed, must be considered as a sign of recklessness or ignorance.

At a recent meeting of the Sanitary Association at New York, the committee, consisting of Drs. Percy, Batchelder, and Roberts, who had been appointed, as noticed in a former number of the *REPORTER*, to investigate a case of poisoning, and of criminal carelessness and violation of the law on the part of a druggist in West-Broadway, made their report. The facts therein brought to light do not differ essentially from those previously stated. The Association passed a resolution that the report be placed in the hands of the District Attorney, and that this gentleman be requested to prosecute the guilty parties. This is the wisest course that could possibly have been taken, and we only hope it will be of avail, which it undoubtedly will be, if the District Attorney does his duty.

SPIRIT OF THE MEDICAL PRESS.

The *Lancet*, of September 15, treats its readers to a leader on the necessity of inventing an apparatus by which cereal crops may be artificially dessicated, so that wet weather will no longer be permitted "to afflict the whole agricultural community with a general paralysis." It suggests for this purpose heated air with forced ventilation.

Another editorial in the same number is devoted to the Parliamentary Report of the Select Committee on Lunatics, in which the committee virtually recommend that the office of the two medical visitors of the Court of Chancery be abolished, and their duties transferred to the Commissioners in Lunacy, so that instead of five medical officials, the increased duties of visitation will be discharged by three. The *Lancet* opposes the report.

A practical subject discussed by the *Lancet* refers to the prevention of poisoning by mistake. It is suggested that all bottles, containing potent medicines, such as laudanum, Fowler's solution, colchicum wine, etc., should have a narrow neck, which, from its causing the potent fluid or powder to drop slowly, in-

stead of running in a full stream, could not fail to attract the attention of the manipulator.

The *Medical Times and Gazette* has a somewhat humorous article on physical training, referring, of course approvingly, to the "Rifle-movement." It says: "How much damnatory dyspeptic divinity we hear from the pulpit, though we are almost sure to find a good catholic spirit beaming in a man who knows how to train himself. The unmanly visionists of the speculum would have seen fewer phantasmagoria through their tubes, and so have saved our women from their temporary Gallic degradation, if they had had their eyes earlier and oftener on an English rifle."

Correspondence.

COLLUSIONS BETWEEN PHYSICIANS AND APOTHECARIES.

Philadelphia, Oct. 9th, 1860.

MESSRS. EDITORS:—The writer has read with much interest, in your last, the communication of your correspondent "*Esprit de Corps*," under the caption "*dishonorable mercenary arrangements between physicians and apothecaries*." The practice alluded to is certainly most disreputable, and ought to, and we are sure will, be discountenanced by every honorable and high-minded physician and pharmacist. Some twenty years ago, we heard it openly whispered that this evil then existed to an alarming extent. It was, however, by no means, then confined to "suburban" localities, but it prevailed in the very heart of the city, among the "best" and most respectable apothecaries, and among some of our most distinguished and influential physicians and surgeons. In this age of "progress" and "reform," when the ethics of the profession are generally better understood, appreciated and observed than formerly, the writer was not aware that any medical man, making the least pretention to respectability, would be guilty of such a dishonorably collusive arrangement. It evidently disqualifies every one "from becoming or remaining" a member of any of our medical organizations, and is a direct violation of the spirit of the Code of Ethics of the American Medical Association, which is alike binding on every member of the profession, whether he is in fellowship with a medical society or not. The 3d section of Article III, of the Constitution of the "Philadelphia County Medical Society," expressly says: "Any physician, who ***** shall enter into a collusive agreement with an apothecary to receive pecuniary compensation or patronage for sending his prescriptions to said apothecary, ***** shall be disqualified from becoming or remaining a

member." A similar provision is contained in the Constitution of the "Northern Medical Association of Philadelphia." The "Ordinances and By-laws" of the College of Physicians are not quite so explicit on this point; yet in spirit and object, as well as its Code of Ethics, which is the prototype of the American Code, are so decidedly averse to everything that has the least tendency to bring dishonor on the profession, that no one known to be guilty of such a vice could gain a footing, or be tolerated, in that venerable body. If, therefore, the party complained of is a member of either of these organizations—and almost every respectable practitioner at the present day is associated with one or the other—"Esprit de Corps" could do the profession and its ethics no greater service than to prefer a formal charge against him to the Censors of the Society to which he belongs, and, our word for it, the infraction will receive due and merited attention.

The remedy suggested for breaking up such mercenary collusions is a good one, and if faithfully carried out, would certainly prove most effectual. Let, therefore, every respectable practitioner, who desires to do right, withhold his support and encouragement from every unworthy apothecary, who is known to be given to this practice; and, in addition, let the community know why he does not wish his prescriptions compounded at such establishments. If the profession could be induced to act harmoniously, unitedly and determinedly in this matter, this evil could thus soon be completely eradicated.

This subject also furnishes another and a most important argument in favor of general organization, both as regards the medical and pharmaceutical professions; and a powerful incentive why every honorable physician and pharmacist, who love the honor and dignity of their respective callings, should heartily co-operate in the all-important work of organization.

If both the physician and apothecary were members, as they ought to be, of the organizations established for the protection of the interests of their respective professions, to whose laws and ethics they were held rigidly amenable, it would be easy to remedy the evil. But in the cases which have called forth the just and madversion of "*Esprit de Corps*," it may be that neither the physicians nor the apothecaries are responsible to any such tribunal; for, especially as regards the latter, he leads us to infer that they are neither "the best nor the most deserving of patronage." This is an important consideration. From our personal acquaintance with, and knowledge of, many pharmacutists in different sections of the city, we cannot believe that any honorable and respectable member of that profession would be willing to lend himself to such a base and dishonorable agreement. On the contrary, we know that their ethics, like our own, strictly forbid it. We

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quote from the Code of Ethics of the Philadelphia College of Pharmacy as follows:—"We, in like manner, consider that an apothecary being engaged in furthering the interests of any particular physician, to the prejudice of other reputable members of the medical profession, or allowing any physician a per centage or commission on his prescriptions, acts unjustly toward that profession and injuriously to the public."

I may, in the interpretation that follows, do "Esprit de Corps" injustice; but the inference from his communication is, that the "suburban neighborhood," to which he thinks this practice is confined, is in the northern section of the city. However this may be, most of the reputable practitioners in that section are members, and many working members, of one or the other or of several medical societies, for whom, as a class, we claim, until the contrary is shown, equal "loyalty" to the "code," as may be claimed for those from any other section.

In conclusion, Messrs. Editors, I desire yet to say, that no one is in a position to do more toward correcting such great evils, and disseminating healthy ethical views among the profession here than you of the REPORTER, which seems to be a welcome weekly visitor to the office of almost every medical man in this ever-growing "metropolis of medical science," and it is hoped you will continue to speak out boldly, and expose in unsparing terms this great mercenary disgrace to the reputation of our time-honored profession.

ESPRIT DES LOIS.

THE ÆSTHETICS OF PILL MAKING.

Philadelphia, Oct. 9th, 1860.

The modern improvements in the preparation of officinal articles by extracting active principles from crude materials, and concentrating them, or freeing them from extraneous substances, tend to facilitate their administration by reducing the bulk. As in the pilular form medicine is not supposed to be tasted upon the size of the pill depends the desirableness of this—as it ought to be—most eligible form of dose.

Many radicals and other concentrated preparations, the usual doses of which are but fractions of the grain, are capable of being given in the granular or minute pilular form, without losing any of their efficiency, and with certainly more consideration for the fastidiousness or delicacy of patients. Notwithstanding the manifest advantage of the diminished bulk in which medicines are now found, the benefit of it seems, from custom, not usually taken advantage of by the pharmacist in the preparation of pills. It is this city, the model size of the pill seems to be that which is turned off by the old fashioned "pill machine." In bulk such pills are large, and vary in weight from three to five grains, according to the density of their component materials.

Habit appears to have made pills of this size the usual form, and it matters not how diminutive the bulk of the article ordered, enough of some cohesive material is added to make each pill of a size to suit the druggist's convenience in preparing, or, perhaps, his beau ideal of the proper size of a pill. Thus such articles as strychnia, atropia, etc., in their usual diminutive doses, when ordered to be dispensed in the pilular form, very frequently appear before the patient almost as a bolus.

Most practitioners are not in the habit of directing the amount of matter to be added to make the mass of a proper bulk, or to aid in the subdivision of the medicine, but leave it to the discretion of the pharmacist, intending that he shall add no more than is really necessary.

All that I desire by this note is to call the attention of druggists to an annoying habit to which some of their fraternity are addicted, of making up pills of a size which is often repulsive to patients.

XX.

DRY SUMMERS AND HEALTH; VAN BIBRA'S ANTIDOTE; ENLARGED SPLEEN AND MALARIAL CACHEXIA.

Warsaw, Ala., October 1st, 1860.

In the transactions of the American Medical Association, of several years since, it was laid down as a rule, that "dry summers are sickly ones." The present summer has proved an exception to this general rule for a scope of 50 miles around us. It has been unusually dry, and unusually healthy. I have noticed that since the dry season set in, that among women there has been an unusual tendency to abortion at about the period of quickening, and manifest irregular action at any stage of pregnancy, sufficiently so to become very noticeable to a physician.

I put "Bibron's Antidote" to the test, some time back, in a case of rattlesnake bite, with complete success, the first dose giving almost complete relief to the distressing pains, and quieting the delirium.

The fall so far has been very dry, and, as a consequence, what few cases of fever we have, are assuming the congestive form, choleraic variety.

I send you a prescription of Dr. Gadbury, of Miss., which, I do not think, has ever attained publicity, exceedingly useful in cases of enlarged spleen and malarial cachexia.

R Liquor ferri. sulphatis, f. $\frac{3}{4}$ ss.
Quinæ sulph. $\frac{3i}{4}$.
Aquæ cinnam. f. $\frac{3}{4}$ viij.
Mix and add Potassæ citrat. $\frac{3}{4}$ ij.

Sig. Take a tablespoonful three times daily. Apply Iodine ointment over the splenic region, and a flannel bandage around the abdomen.

To make the liquor ferri sulphatis:

R	Ferri. sulph.	℥ss.
	Acid nitrici,	f. ʒ iij.
	Aquæ,	f. ʒ iss.

Rub the iron and acid together for 15 minutes, then add the water.

EDWARD H. SHOLL.

NEWS AND MISCELLANY.

Introductory Day.—As previously announced, the Introductory Lectures in our three medical Schools were delivered on Monday last, and the halls of each institution were crowded with students and physicians.

Professor CARSON delivered the Introductory at the Medical Department of the University of Pennsylvania, at 12 o'clock M.

After welcoming the students to this seat of learning, and, on behalf of the Faculty, extending a cordial greeting, Professor CARSON alluded to the change, inaugurated for the first time on this occasion, of having but one introductory lecture, as one of advantage, as it saved an unnecessary expenditure of time, and allowed the student at once to engage in his studies. He then proceeded in earnest and eloquent language to counsel the student as to the proper way in which to prosecute their studies.

The study of medicine does not consist in memorizing axioms, but in accumulating facts and applying them. The prosecution of the science of medicine may be laid down in rules:

First. Lay a good and deep foundation. No lofty and enduring structure can be reared without a solid and substantial foundation. Hence the strictly demonstrative subjects should be the ones first to engage the student's earnest attention. The perceptive powers are thereby exercised, and the student acquires an ability to employ his senses correctly, which is indispensable to physicians, and can never be supplanted by mere intellectual reasoning. He who has acquired the faculty of perceiving and using his senses correctly is not so liable to make errors. It is from a want of paying proper attention to the demonstrative branches of our science, that it is true what GREGORY the elder has said, that medical science is crowded with facts which never had an existence but in the brain and imagination of the men who advance them, and from this want spring many of the false theories of empiricism and charlatanism of our day.

But besides the immediate advantages which they yield, the demonstrative branches of medi-

cine imbue the student with a taste for positiveness which will afterward save him from many false theories and erroneous practices. We are astonished at the zeal with which the ancient sculptor must have prosecuted his task when he produced, in the most detailed, anatomical correctness, the statue of the dying gladiator; and shall ours be less with the design to allay suffering and dispense health among our fellow-men?

Secondly: Proceed methodically.—The truth and importance of this rule will be at once recognized. Order is nature's first law. Proceed to a higher branch, only after you have mastered the lower, bearing in mind, that in scientific acquirements, as well as in nature, there is a natural transition. Unflinching perseverance with methodical study alone, lead to intellectual power and greatness; and remember that the bird, which flutters most soonest gets tired, and that a steady flight accomplishes the greatest distance.

Thirdly: Proceed with necessary deliberation.—Nothing is more harmful in study than hurried movement. It is true, in our country everything is done hastily. The many channels of business enterprise, and the rapidity with which fortunes are made and lost, and the erratic and speculative tendencies that characterize our age and country have left their impress even upon our educational system, and hence the complaint, so frequently made of the superficiality of our learned professions, which has been a prolific source of charlatanism and empiricism. To obviate these evils we must act with deliberation. Rapid progress is not permitted in science. There must be time for assimilation. The system of over-study, as it is not unfrequently seen, acts, as a student once happily expressed it, by displacement; while learning one fact, another is forgotten. This is not the right system. We have not yet arrived at the age of intellectual power-looms, reaping machines for medical science, and condensing apparatuses of knowledge. The idea advocated in some quarters that the present term of study is too long, and that passing a certain prescribed examination should be the only requirement for a degree, is justly considered as erroneous by the best informed and the highest authorities in the profession throughout our country, who, on the contrary, hold, that the present term of three years is not sufficient for a thorough medical education. Some of the accessory branches, as botany and geology have been too much neg-

lected, mission. But induced in enable the to make the cality, wh the same i us in time

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PROFESSOR improvement parts of become mor mistry, to w

lected, much to the disadvantage of the profession. Botany should be at least so far introduced in our system of medical teaching as to enable the student, when he leaves the college, to make the productions of the soil in the locality, where he settles, tributary to science; the same is true of geology, which may enable us in time to unmask disease and its causes.

After paying a beautiful tribute of respect to Dr. GEORGE B. WOOD, who for twenty-five years had so ably filled a place in the faculty of the University, and whose scientific labors have shed lustre upon the institution, the city, and the profession of our country, Prof. CARSON, in very becoming language, alluded to the appointment of Dr. PEPPER, one so eminently worthy to be Dr. WOOD's successor, on account of his large experience, eminent scientific acquirements, and great capacity as a clinical teacher.

Prof. CARSON concluded his address, which was eloquently delivered and frequently received with applause, by exhorting the students earnestly to labor in the great task before them, that of learning the science of medicine, to make themselves masters of the healing art, and thus not only to become valuable citizens of the commonwealth but benefactors of our race.

PROFESSOR DUNGLISON opened the course in Jefferson College, with a discourse on Medical Methodology, which was listened to with great attention. He alluded to the rapid advances which medical science had made in the last fifty years. Histology is almost a new science. Physiology has entirely changed. Germany, France, and the Anglo-Saxons have all contributed to the elucidation of new facts and laws in reference to the great questions of life. Yet, however valuable and indispensable it may be, to resort to actual experiment and vivisections to interpret the phenomena of life, after much and serious deliberation it had been found best not to encumber a course of didactic teaching of physiology with experiments and vivisections, which would, although accompanied with *délat* in the lecture-room, only be a loss of time. The course of lectures on this branch of science should rather be to expound the laws which have been elucidated by experimental physiology.

PROFESSOR DUNGLISON then reviewed the great improvements which have been made in all departments of medicine; in surgery, which has become more and more conservative; in chemistry, to which we are indebted to the most

valuable discoveries; to *materia medica*, which has become simplified. Public and private hygiene has been improved. In reference to medical jurisprudence, much is yet to be accomplished, and it has been a matter of much consideration in what manner this could be best accomplished in the present curriculum of studies. The chair of medical jurisprudence had frequently been added to that of obstetrics, because some of the important questions of legal medicine, such as infanticide, abortion, etc., appertained more particularly to obstetric science. Yet, it must be considered that legal medicine occupies a much wider sphere, embracing in its scope more or less all departments of medicine, and for this reason had frequently been added to the chair of institutes of medicine. By others, however, it is thought that it would be sufficient for the student to devote himself to a study of this branch after graduation, and this suggestion is not without force, as in any case, when the physician is called upon, it is necessary for him to prepare himself and study up the particular questions of the case in which he is called to give an opinion.

In reference to preliminary education, he would exhort the students to do all in their power to sustain the medical as one of the learned professions; for, although it would be unwise under existing circumstances, to demand, as absolutely necessary any particular standard of preliminary education, a liberal education is indispensable to the progressing status of the profession.

In reference to the proper way of conducting their studies, Prof. DUNGLISON gave the students some most excellent rules. He would especially advise those about to graduate at the end of the term, not to undergo that process commonly known as "cramming." A student who had been "crammed" often resembled a warehouse, well-stocked, but without order and system; everything may be there, but it cannot be found when wanted.

After dwelling upon some of the delusions of the day, and their causes, and giving some of the ludicrous, so called "provings" of homœopathy, Prof. DUNGLISON concluded with an earnest exordium to the class to enter upon their studies with energy and zeal, and to do credit to themselves and to the profession.

At the medical department of Pennsylvania College Prof. HENRY HARTSHORNE, delivered the introductory. Dr. HARTSHORNE's lecture was

upon "Speculative and inductive medicine." After alluding to the importance of the establishment of the inductive method of studying nature, by BACON and others, in the 16th century, a condensed account was given of the principle phases and mutations of medical opinion and theory, from antiquity to the present day. The most conspicuous systems or schools of medicine were described briefly, under the titles of Naturalism, Empiricism, Eclecticism, Humoralism, Solidism, Chemicism, Mechanicism, Neuropathology, Stimulism, Vitalism, and Cellular Pathology. The great and extended influence of the *Brunonian* theory was explained chiefly by its affinity to *vitalism*; a form of which, chastened and matured by accurate science, the lecturer believed to be about to assume a predominant place, superceding even the "cellular pathology."

Dr. HARTSHORNE asserted his full confidence in *rational empiricism* as the true and only sound basis of therapeutics; distinguishing it carefully, of course, from unscientific and unsystematic empiricism. Physiological reasoning cannot guide therapeutics, at least until physiology is *perfected*. Almost all important remedies have been discovered by accident, and often have had to contend for a time with opposition from theorists. To place therapeutics upon the foundation of clinical observation, is to make it eminently rational and scientific. The two blades of the scissors of practical medicine are, *diagnosis* and *clinical proof*. Yet, as medicine is progressive, and as pathology is necessary to diagnosis, and physiology indispensable to pathology, these sciences must contribute essentially, in their advancement, to that of the practice of medicine. In the other natural sciences, however, facts and details are, at the present time, abundant; generalization and reflection are, in them, as AGASSIZ has recently remarked, now most required. But it is not so in medicine; which needs *more fact*, and *less theory*; more exact and extended observation of the history of disease and of the action of remedies. Allusion was made to the writings of Dr. BIGELOW, Sir JOHN FORBES and others, calling attention to the resources of *nature* in the cure of disease; this being a revival only of the doctrine taught by Hippocrates, Asclepiades, Celsus, Sydenham, and others. And now, when, although Dr. BENNETT of Edinburg predicts the "approaching downfall of empirical practice," yet his co-laborer, the late Dr. TODD, in his last words, urges the importance of its support, in

clinical research, and the philosophic medical historian, RENOARD, seconding the efforts of LOUIS the founder of the numerical method, foretells the coming *triumph* of rational empiricism or inductive medicine—now, when mortality statistics and life-assurance tables show that human life has been decidedly lengthened within fifty years, and hospital records prove that the results of medical, surgical, and obstetrical practice, grow better in the same proportion—now, when the dispassionate physician ought to find more reason than ever to confide in and honor his profession; it is, nevertheless, the school of medical scepticism which makes the most clamor. Its representation by the "autocrat of the breakfast-table" was spoken of with regret, that so brilliant a writer should have strained the truth more than a hair's breadth, to use his own language, for the sake of epigram or antithesis.

The lecture concluded with expressions of welcome to the class, and encouragement to enter with enthusiasm upon their labors.

The attention of practitioners or druggists desiring a favorable location in this city, is directed to an advertisement offering an establishment for sale.

Carvalho's Oxy-Hydrogen Retort and Steam Super-heater.—This is a new process of super-heating steam, invented by S. N. Carvalho, of Baltimore, Maryland.

The great difficulty in all previous apparatuses for the purpose of super-heating steam and thereby increasing its elasticity and force has been the rapid destruction of the metal constituting the heating tubes or chambers, in consequence of their oxydation from the exposure to high degrees of heat on one surface, and the gases of the decomposed steam within.

The invention under notice removes this obstacle by the use of metallic substances within the retort, exposing a greater degree of surface to the steam and preventing the oxydation of the metal composing the retort—the process being analogous to that going on for the production of "iron by hydrogen" for medical purposes.

This retort lessens the dangers from explosion of boilers, as more work can be done with half the ordinary pressure; it produces double power with a great saving of fuel; it supercedes the necessity of large and expensive boilers; and in its application to steam vessels in addition gives the vessel a larger space for freight.

This apparatus can be attached to any boiler at trifling expense.

It has been for several months in successful operation at the Navy Yard, at Washington,

D. C., and Baltimore Yards of It has been used with scientific merit the October of New York inventions valuable."

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D. C., and in several large establishments in Baltimore, and will soon be erected in the Navy Yards of Boston, New York and Philadelphia. It has been attached to the steamers Georgiana and Louisiana of the Bay line, and it will soon be used wherever steam is employed. The Scientific magazines mostly speak highly of it, and the October number of the Railroad Magazine, of New York, considers it one of the greatest inventions of the age, and probably the most valuable."

Growth of Nails.—In going round the wards of the Charité with M. Beau, a novice will be not a little puzzled at seeing him scrutinize closely the finger-nails of each newly-admitted patient, telling him occasionally, after a few moments' examination of his cuticular appendage, "My friend, you had a bad illness so many months ago, a very severe illness, that pulled you down a good deal; and then you had a relapse," and so on. This sort of inverted palmistry puzzled me sorely at first, and I confess that even the explanation, when given, left me very skeptical as to the infallibility of this retrospective fortune-telling. Nevertheless, although I do not believe in Hume the spiritual medium, any more than in Hahnemann and his microdotic followers, I do believe in this sign of the past as indicated by the nails. If you look at the fingers of a man who had typhus fever three months ago, let us say, you will find on the nails, toward their centre, (at that interval of time,) a transverse furrow, deep and well marked, coinciding with the moment when the check in their nutrition occurred—the depth of the depression being in proportion to the severity of the illness, its breadth with the duration; and the several consecutive relapses being each notched on the ungual appendices as on so many tally-sticks.—*Lancet*.

A New Feature in a County Medical Society.—The Bradford County (Pa.) Medical Society have established a form of clinic in connection with the meetings of the society, the report of which presented in the transactions of the State society, says:

"The idea of a clinic in a county society may appear somewhat novel to some; nevertheless, it has thus far operated remarkably well in this society. By granting to the inhabitants the privilege of bringing obstinate and chronic cases before the society, *en masse*, to be examined and prescribed for, free of charge, has excited an interest and feeling in the community in favor of the profession that could not have been procured in any other way, and, in fact, doing away the idea, before adverted to, that the meetings were for selfish and pecuniary motives; and to the members they must of necessity prove beneficial, provided they are conducted in a proper and judicious manner, and that they may be, a physician and surgeon are appointed yearly to take charge of the clinics. The cases

presented are only from the regular members; a record of the disease, symptoms, and treatment, progress, and termination, is regularly kept. We would earnestly recommend them to the favorable notice of other country societies. Why may not clinics prove as beneficial out of cities as well as in?"

Life and Death in London.—A poor woman solicited the magistrate's advice, stating that at nine o'clock on Monday night a child of hers died of cholera, ever since which it had been lying in the same room in which her husband, herself, and two children were living. The parish had refused to bury it, and told her to do so on Saturday with her husband's wages; but if she did that all of them must starve, and she knew not what to do. Mr. Paynter said "it was a very shocking case, as a pestilence might arise and be destructive to every one in the house, and others besides. It was very strange, but it seemed no one's duty to bury the body, and he doubted whether the parish could be compelled to do so. If it was any one's duty, it surely was theirs, but he could not compel the parish to bury it. He had no power whatever to assist her, and all she could do would be to consult the Poor-law Commissioners."—*Dublin Medical Press and Lancet*.

The Pathological Museum of the Philadelphia Hospital.—At a recent meeting of the Medical Board of the Philadelphia Hospital, Dr. D. H. Agnew was appointed Curator of the Pathological Museum.

This appointment will insure the efficient management of the establishment. There is already a considerable fund appropriated for securing at once the fixtures and materials for the basis of a cabinet, and a yearly endowment will be granted for the purpose. To the liberality of the Guardians controlling the hospital, the medical profession will be indebted for the beginning and sustaining, in an unequalled field for pathological study, a museum which will be a great scientific benefit.

It is now pretty well agreed among the learned in every science, that the foundation of all true and solid knowledge must be laid in observation and experiment. They are, indeed, the only substantial basis on which we can surely venture to establish any kind of doctrine, and the surest tests whereby to try the validity of any philosophical system that comes before us; for what do any modes of reasoning avail where facts and experiment are wanting in their support?—*Dr. Shaw, 1755*.

An exchange paper says:—"Elder Kimball, one of the Mormon saints, had fourteen children born to him in one night."

Those who believe in the uniform duration of the period of gestation will naturally retrospect two hundred and eighty days.

Philadelphia County Medical Society.—This society seems to be in a highly prosperous condition. The second of the series of conversational meetings was held on last Wednesday evening, at the usual time and place, Dr. Remington presiding. These meetings, for scientific purposes, promise to be more than ordinarily interesting and instructive this season. Some of our most learned, experienced, and eminent practitioners and teachers are expected to take part in the scientific proceedings. The subject for discussion on Wednesday evening was, "*Opium as a Therapeutic Agent*," and was ably introduced by Dr. George Hamilton. An animated debate ensued, in which Drs. B. H. Coates, D. F. Condie, I. Remington, Wm. Darrach, R. P. Thomas, J. Chester Morris, and others, participated. We hope to be able, as usual, to furnish our readers, in our next, with Dr. H.'s paper, as well as the remarks of the several speakers.

The next stated (quarterly) meeting, which is chiefly for business purposes, will be held on Wednesday afternoon next, at 3½ o'clock, when a number of new members will be elected, reports from the censors presented and considered, and nominations made for the ensuing year for officers of the society and delegates to the American Medical Association, and to the Medical Society of the State of Pennsylvania. These nominations are made through two committees—the one appointed by the president, and the other elected by the society, at the July meeting. These business meetings are often largely attended—especially the annual, at which, on a late occasion, there were 104 members present.

Humane Improvements in Slaughtering.—*L'Union Médicale* lately published a valuable report read at the general meeting of the Paris Society for the Prevention of Cruelty to Animals. In this document, are described several cruel practices which are of daily occurrence, both during the conveyance of the animals to Paris and the actual treatment of them at the slaughter-houses. It is to be hoped that this publicity will lead to the removal of the evils alluded to. Amongst the suggestions which the report has drawn forth, is one which deserves attention. M. Auber, of Macon, thinks that air injected or blown into an opened vein would bring on instantaneous and painless death; and grounds his belief upon the effect produced upon dogs and other animals by this mode of destruction. He adds, that it was customary with the French at Rome to kill in this humane manner horses unfit for further service.—*Lancet*, Aug. 4, 1860.

No Strychnine in Whisky.—At the meeting of the American Pharmaceutical Association of New York, on the 11th ultimo, a paper was read by Mr. Carney, of Boston, on the frauds and deceptions practised on the public by adulterations of drugs. In one popular idea, however, says the report, there is a great error—in

regard to the strychnine in whisky. In a large number of whisky analyses, made during the past year, we have not been able to detect, in a single instance, the presence of the least trace of strychnine, and we have not been able to ascertain, from any reliable source, that the practice of using strychnine in whisky is ever followed. The fact, also, that one part of strychnine will impart a sensible bitterness to 600,000 parts of water would seem to preclude its being used for that purpose.

Rape committed during Magnetic Sleep.—A case of this, recorded in *La Presse Médicale de Marseille*, is quoted in the *Amer. Journal of Medical Sciences*. A girl, 18 years of age, believing herself to be sick, consulted a man who professed to cure diseases by animal magnetism. For some time she went to him daily. After about four months and a half she perceived that she was pregnant, and complained to the police authorities, who consulted Doctor Costa, Director of the School of Medicine, and Broquier, principal Surgeon, to give an opinion: 1st. Whether the girl was pregnant, and the period of utero-gestation, and, 2d. Whether she could be violated and made a mother against her will. These physicians ascertained that the girl was pregnant, and that utero-gestation had not advanced further than four or four and a half months, and supported by the report made to the Academy of Medicine by M. Husson, in 1831, concluded, since it is demonstrated that a subject under the influence of magnetic sleep is insensible to all tortures, it seems rational to believe that a young girl may submit to coition without voluntary participation in the act, without being conscious of it, and of course without being able to resist. This opinion is concurred in by M. Devergie, of Paris.

Weight of Men.—It is stated that 4,369 men had been weighed at the Mechanics' Fair in Boston, and that their average weight was 146 lbs. 13 ounces. The mean weight of men in Belgium (Brussels and its environs) is 140.49 pounds. In France (Paris and the neighborhood), the mean weight is 136.89 pounds. In England (taken at Cambridge, between the ages of 18 and 28), the mean weight was found to be 150.98 pounds. It would be a good idea, founded on something more than mere curiosity, to have a good set of scales used at fairs in all parts of the country.

Dr. Livingstone.—The celebrated African traveler, Dr. Livingstone, is to have another steamer, which has been sent out by the English Admiralty, to enable him to proceed with the exploration and navigation of the Zambesi. The screw steam-sloop Pioneer, of 350 horsepower, has recently departed from Woolwich, fully laden with stores for the intrepid explorer.

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Case of Twins, one of which was born enveloped in the Membranes.—The patient in this case was a negro woman. It is reported by Dr. E. W. Woodson, of Woodville, Ky., in the October No. of the American Journal of Med. Sciences. The midwife, supposing the child to be dead, deposited it in a vessel without rupturing the membranes, and set it away until the doctor arrived, which was at least fifteen minutes after delivery. The rest we give in Dr. W.'s own language:

"As soon as I entered the room she related what had happened, and presented the vessel for me to inspect. I at once ruptured the membranes and found the cord still pulsating. I removed the child and succeeded in resuscitating it by using friction, artificial respiration, &c. I allowed the cord to remain untouched as long as it pulsated. The child was perfectly livid, and apparently dead when I commenced to work with it. The breathing was at first gasping and at long intervals, but finally became regular and quiet. The child lived and did well."

Adhesion of a Separated Portion of a Finger.—Azam relates an additional case in proof of the desirableness of attempting to secure the reunion of separated parts. A man while fashioning a piece of wood by means of a very sharp hatchet, chopped off an oblique slice of the index finger, three centimetres in length, the line of separation dividing the nail into two parts, and carrying away almost all the pulp of the finger. He fainted; but a neighbor who came to his aid ten minutes after the accident, bound on the separated part, and the most complete union promptly followed.—*Bull. de Thérap. and Medical Times.*

Aneurisms in the Arch of the Aorta, says Dr. Baillie (1800), as well as in every other part of the arterial system, happen much more rarely in women than in men. This arises from two causes. The one is, that women, from their sedentary life, are less liable to an increased impetus of blood, occasioned by excited circulation; the other is, that the arteries in this sex appear to be less liable to these diseased alterations of structure, which predispose to aneurism.

The Leavenworth Times thus serves up Dr. Windship, the great lifting-athlete, commenting upon the statement that he had lately "lifted eleven hundred and fifty pounds, dead weight." The Times advises Windship to stop. "Stop, Doctor! you'll get into trouble if you keep on that way. We knew a fellow once who got a habit of 'lifting' things—small ones at first—then larger, until at last he took to 'shop lifting!' Consequently they sent him to the Penitentiary for five years."

Titles.—A clergyman, hearing that a college classmate, every way his inferior, had been made a Doctor of Divinity, is said to have remarked, "Years ago, when I saw them beginning at the top of the ladder to make doctors, I had no hope that they would get down to me; but now they have begun at the other end, I think, may-be, they will get up to me."—*The Century.*

A New Work by Dr. Hodge on diseases of females, is soon to appear. From the erudition and practical experience of Dr. Hodge, the profession will anticipate a volume which will be a valued accession to the subject to which the author has so uninterruptedly devoted himself, and so successfully taught.

Sir Henry Holland was on Tuesday last entertained at a dinner with the Philadelphia Club, in company with some of the prominent medical men of this city.

Answers to Correspondents.

Dr. W. S.—We have referred the plant you sent us to Prof. Carson, of the University of Pennsylvania, and received the following reply:

The plant received from you yesterday is the *Asclepias verticillata*. It grows through the Middle and Southern States. It has not been put down in the books as medicinal, and yet I should think it might be similar in its action to the other species, which are regarded as *active*. I do not find that even Dr. Clapp, in his catalogue, published, some years ago, in the Transactions of the American Medical Association, has alluded to it.

Very truly yours,
J. CARSON.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. E. H. Scholl—*Delaware*, Dr. D. W. Maull—*Indiana*, Dr. S. G. Reed, (with encl.)—*Iowa*, Dr. E. F. Horton, (with encl., for Dr. S. H. Sawyers,) Dr. W. Gutch—*Kentucky*, Dr. J. J. Burch, (with encl.)—*Maryland*, Dr. J. Dwinnelle, Dr. A. S. Forwood, Dr. F. Zacharius—*New Jersey*, Dr. G. Grant, Dr. J. T. Calhoun—*New York*, Dr. L. C. Hassell, (with encl.), Dr. Ira D. Hopkins, (with encl.), Dr. J. C. Dalton, Dr. M. Stephenson, Dr. A. P. DeWees—*Pennsylvania*, Dr. J. L. Suesserott, (with encl.), Dr. S. M. King, Dr. Leisenring, (with encl.), Dr. G. R. McCoy, (with encl.), Dr. J. A. Reed, Dr. G. W. Smith, (with encl.), Dr. D. O. Crouch, Dr. E. E. Smith, (with encl.), Dr. J. E. Groff, (with encl.), Dr. D. G. Schover, (with encl.), Dr. J. L. Atlee, Jr., (with encl.), Dr. J. L. Cook, (with encl.)—*Tennessee*, Dr. Wm. Spillman—*Vermont*, Dr. S. R. Day, (with encl.)

Office Payments.—Dr. P. R. Wagnersaller, (Pa.) Dr. C. W. Backhus, F. C. Eckleman, Dr. Burmeister, Dr. A. H. Senseny, (Pa.) Dr. S. M. Harry, (Md.) by Mr. Swaine; Drs. Zorn, Keichline, Nordman, Hatfield, McQuillan, Hartshorne, Goodwillie, Hazard, Pepper, Smith, Summers, Brooks, Dickson, Clapp, Powers, and Weightman.

MORTALITY OF CITIES DURING THE WEEK ENDING SEPTEMBER 29, 1860.

NUMBER, SEX, NATIVITY, AND AGE.	PHILADELPHIA.	NEW YORK.	BALTIMORE.	NEW ORLEANS.	BOSTON.	CHICAGO.	CINCINNATI.	CHARLESTON.	PROVIDENCE.	BUFFALO.	ST. LOUIS.	CAUSES OF DEATH.	PHILADELPHIA.	NEW YORK.	BALTIMORE.	NEW ORLEANS.	BOSTON.	CHICAGO.	CINCINNATI.	CHARLESTON.	PROVIDENCE.	BUFFALO.	ST. LOUIS.
Whole number of deaths	206	413			83			40				Nervous System.	4	1			1						
Males	110	197			52							Apoplexy	9	23			1						
Females	96	216			31							Constriction of Brain	5	6			1						
Sex not stated												Constriction of Brain	3	3			1						
Whites	400							27				Delirium Tremens	2	2			1						
Black and colored	23							13				Epilepsy	2	2									
United States	160	288			32							Hydrocephalus	5	2			4						
Foreign countries	36	132			31							Inflammation of Brain	2	10			1						
Nativity unknown	10	13										Paralysis	2	2			3						
Percentage.												Tetanus	1	1									
American												Circulatory System.											
Foreign												Aneurism	3	8									
Age.												Disease of Heart	1	1									
Under 5 years	104	185			39			13				Phlebitis	3	8									
5 to 10 years	12	18										Digestive System.											
10 to 20 "	9	17			4							Disease of Liver											
20 to 30 "	45	133						13				Hepatitis	6	2									
30 to 40 "	36	66			40			12				Inflammation of Throat	1	1									
40 to 50 "	4											Inflammation of Throat	1	1									
50 and over												Inflammation of Throat	1	1									
Unknown												Inflammation of Throat	1	1									
CAUSES OF DEATH.												Inflammation of Throat	6	10			1						
Zymotic Diseases.												Inflammation of Throat	13	40			1						
Group	6	5			2							Peritonitis	3	3									
Cholera Infantum	8	19			7							Urinary Organs.	1	2									
Cholera	2	2										Albuminuria	1	1									
Cholera Morbus	2	2										Diabetes	1	1									
Dysentery	1	1										Disease of Kidney, Bladder, and Uterus	1	1									
Diphtheria	1	1										Diseases of Uncertain Seat.	1	1									
Erysipelas	1	1										Abcess	1	1									
Fever, intermittent	1	1										Cancer	1	1									
Fever, remittent	1	1										Dropsy	1	1									
" perniciosa	1	1										Debility	1	1									
" typhoid	1	1										Fever	1	1									
" scarlet	1	1										Scrophulous	1	1									
" yellow	1	1										Puerperal Diseases.	1	1									
Hooping Cough	1	1										Hemorrhage	1	1									
Measles	1	1										Convulsions	1	1									
Small-pox	1	1										Fever	1	1									
Sore Throat, putrid	1	1										Diseased Womb	1	1									
Respiratory Organs.	1	1										External Causes.	1	1									
Bronchitis	1	1										Accidents	1	1									
Congestion of Lungs	1	1										Self-sufficiency	1	1									
Consumption	1	1										Subsidence	1	1									
Respiratory Organs	1	1										Autism	1	1									
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